

UNC-CH HEALTH SCIENCES LIBRARY



H00081637 P

W
18
A678
1974

AREA HEALTH EDUCATION
CENTERS IN NORTH CAROLINA

HEALTH SCIENCES LIBRARY
OF THE
UNIVERSITY OF NORTH CAROLINA
AT CHAPEL HILL



W
18
A678
1974

AREA HEALTH EDUCATION CENTERS



IN NORTH CAROLINA

**A
Student's
Perspective**

The University of North Carolina
at Chapel Hill
Supported in Part by the
Bureau of Health Resources Development,
NIH, Department of Health, Education,
and Welfare Contract No. 72-4387

THE AREA HEALTH EDUCATION CENTERS PROGRAM: A STUDENT'S PERSPECTIVE

In the course of your training as a health professional at the University of North Carolina, you will at some time or other be involved with the Area Health Education Centers Program, otherwise known as AHEC. This manual contains general information relating to the AHEC Program, which links the University to communities throughout the state in order to create community-based classrooms. It has been compiled with two ideas in mind: 1) that through it, you will gain an understanding of the program's objectives and its importance to the health manpower needs of North Carolina; and 2) that you will find it useful in determining how your education can be enhanced by the program.



Background of the AHEC Program

A. National Perspective

As a student, you have entered health professional education at a time when many issues are being discussed relating to the quality and quantity of this nation's health care services. The consumer is asking questions of the health system; and those who provide care within the system are examining themselves, as well as the system, in order to see where health care stands in the nation today.

As a part of these discussions, two studies conducted in the last decade investigated the development, distribution, and types of health manpower. The studies were done by the National Advisory Commission on Health Manpower and the Carnegie Commission. The studies concluded: (1) that the nation's pool of health manpower is deficient in its quantity and its distribution; (2) that there is a lack in primary care manpower; (3) that attention to the maintenance of the level of knowledge of practicing health professionals is often neglected; and (4) that appropriate practical interrelationships between the various types of health manpower is lacking.

These conclusions have led, among other things, to attention being given to the mission and the community focus of the educational systems whose responsibility it is to produce the nation's health manpower. Attention has also been given to the degree to which communities and their institutions (e.g.

WJ 18 A678
1974
52223

hospitals, doctor's offices, community colleges, etc.) *are*, or *can be*, linked to the University Medical Centers for the undergraduate education, post-graduate training, and continuing education of health professionals. The Carnegie Commission addressed these two issues and put them into a national perspective by calling for the development of 126 Area Health Education Centers. These were to be regional health education centers based in major community hospitals located at some distance from but linked to the University Medical Center.

Education is the key element in the concept of AHEC's: education of current health science students with exposure to health needs of communities removed from the university setting; training of post-graduates (e.g. house staff) in community settings; and continuing education of community health professionals and their support personnel in or close to the communities in which they work. Basic to the entire concept of this university-community education effort, and essential to its successful execution, is the challenge of interdisciplinary coordination, at both the university and the community levels.

Therefore, at UNC, not one, but all of the five health science schools (Dentistry, Medicine, Nursing, Pharmacy, and Public Health) are involved in the AHEC Program. In addition, the Department of Medical Allied Health within the Medical School plays an active role in the program. Each of these schools shares in the responsibility of developing community rotations for its students, for developing and improving other community-based programs, and for continuing education.

Responding to the Carnegie Commission's suggestion that Area Health Education Centers should be developed, the Bureau of Health Manpower Education of the National Institutes of Health made funds available for this purpose. Eleven universities covering the manpower needs of fourteen states* have obtained funding for the development of AHEC's. The University of North Carolina was one of these. The project has been funded for a five year period. Although it began formally at UNC on October 1, 1972, it built upon earlier efforts in community-based education at UNC which were supported with state and local funds. It is anticipated that the State of North Carolina will provide the long term support needed at the completion of the federal contract.

*Other universities which are presently involved in the development of AHEC's are: Tufts University; University of South Carolina; University of California at San Francisco; University of Illinois; University of Missouri at Kansas City; University of Minnesota; University of New Mexico; University of North Dakota; University of Texas at Galveston; University of West Virginia.

B. North Carolina Program

Here are some 1970 facts and figures which demonstrate the shortage and maldistribution of health manpower in the state of North Carolina.

The physician/population ratio in North Carolina is 100 per 100,000 as compared to the national average of 163 per 100,000. This ratio places North Carolina thirtieth among the fifty states. In the rural areas of North Carolina, the ratio is 30 physicians per 100,000 population, or three times as disproportionate as the state ratio.

Half of all physicians in the state practice in *six* of the 100 counties. These counties account for only 25% of the population.

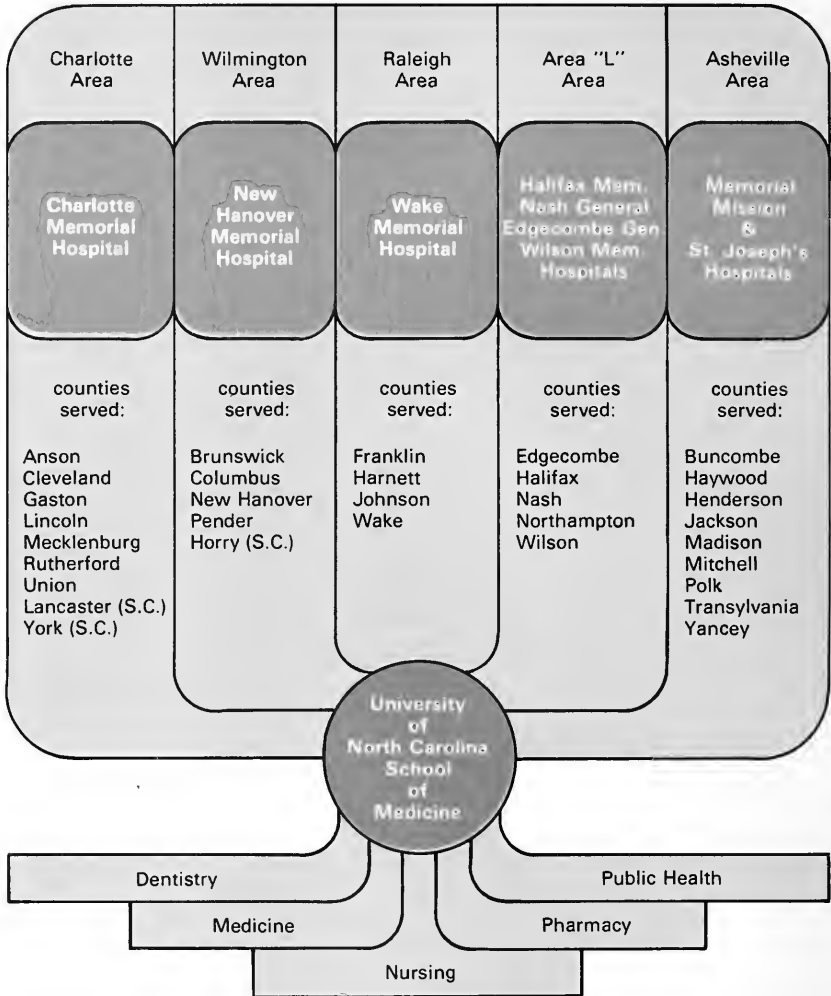
The ratio of dentists to population in the state is 1 per 3,045, compared to the national ratio of 1 per 1,693.

In nursing, the ratio is 1 nurse for every 324 people, as compared to nation's ratio of 1 for every 283 people.

There are 41 active pharmacists per 100,000 people; the national average is 63 for every 100,000

The ultimate goal of the Area Health Education Centers Program is to improve the numbers, distribution, and retention of all forms of health manpower in North Carolina. This is done with a special emphasis upon primary care.

Structure and Objectives of North Carolina's AHEC Program (As of January, 1974)



Five AHEC's have developed in the state so far, and more will materialize as the project continues.* The chart above may help

*Existing AHECs: Asheville, Charlotte, Wilmington, Area L, Raleigh
Developing AHECs: Fayetteville, Greensboro, Greenville area, Northwest

you conceptualize the structure of North Carolina's AHEC system. Most simply, AHEC is the vehicle whereby the University of North Carolina Schools of Health Science coordinate themselves with the major regional hospitals in the state. The hospital is the primary community contact because it has the greatest concentration of health manpower and services in a community. (However, the AHEC hospitals are not the only facility in which educational programs occur.) These regional hospitals, in turn, link themselves to the smaller community hospitals, local educational institutions, health departments, etc., within the several county area which is to be served. The linkages are based on a point of mutual interest among all parties concerned: the development of community-based educational programs for health manpower. This interest, and the programs which are being developed as a result, are directed toward the goal of achieving larger numbers and better distribution of all forms of health manpower in North Carolina.

Additional objectives of AHEC have emerged which are complementary to the overall goal of increasing numbers and improving distribution of health manpower. For example, the AHEC program is seen as an instrument which will create a change in the professional environment for health manpower in all sections of the state. One of the key factors in the poor distribution of manpower is professional isolation. AHEC activities will lessen this, not only through readily available educational programs, but also through its attention to the development of professionals and the support personnel needed to make a balanced professional community.

Student rotations to various AHEC areas are one means by which several objectives can be met. For example, your rotations are part of the effort to bridge the university/community gap and to establish interdisciplinary relationships. It will also broaden your education, in that you will be exposed to health conditions and practices in health care delivery other than those afforded to you within the confines of the University setting. It is hoped that, as a result of this exposure, you will have a wider perspective on the possibilities which exist for you as a future health professional in community settings. Finally, your presence in a community makes important strides in lessening the isolation of community practitioners. Likewise, the presence of future students in these areas will make the community a more exciting place for you to practice.

Area Health Education Centers in North



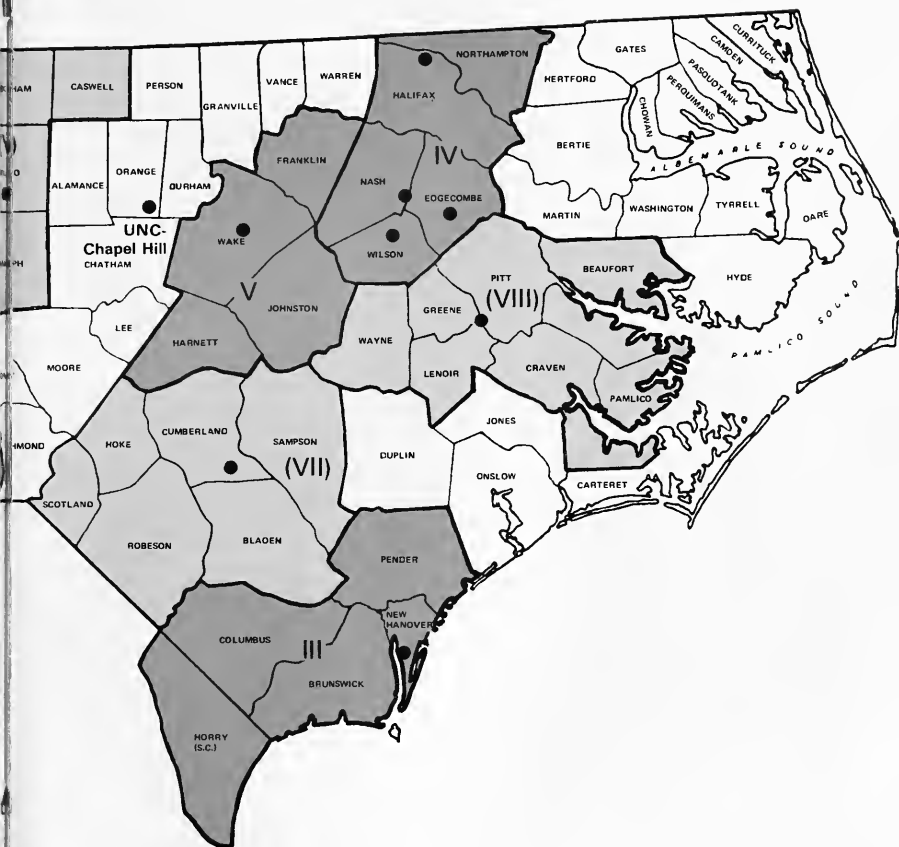
Existing AHEC Areas

- | | | |
|-----|-----------------|---|
| I | Asheville Area | Memorial Mission Hospital and St. Joseph Hospital |
| II | Charlotte Area | Charlotte Memorial Hospital |
| III | Wilmington Area | New Hanover Memorial Hospital |
| IV | Area L | Wilson Memorial, Edgemore General, Nash General |
| V | Raleigh Area | Wake Memorial Hospital |

Proposed AHEC Areas

- (VI) Greensboro Area
- (VII) Fayetteville Area
- (VIII) Greenville Area
- (IX) Northwest Area

Carolina: January, 1974



al, and Halifax Memorial Hospitals

II. The Health Science Schools and AHEC

Almost without exception, the student enrollment in each of the Health Science Schools has increased over the last five years. Indications are that enrollment will continue to climb. One of the results of larger numbers of "trainees" or students in the health sciences at the University of North Carolina is that traditional patterns of education have become overloaded. Greater numbers of learning situations must be created. At the same time, educators in the health professions are responding to a number of challenges and criticisms from health providers and consumers which state that educational opportunities must be extended beyond the university in the best interest of a balanced curriculum.

Each of the five Health Sciences Schools has student activities in one or more of the AHEC areas. Due to the variations and complexities in training needs, differences exist among the Schools in terms of AHEC program development with student involvement. An obvious example of the differences which exist is that medical students will most often be working as a group in a community hospital, whereas public health students will frequently be found working individually with a community agency or program. Other differences exist because each school is at a varying stage of developing student rotations and field placements. The description below reflects the current status of each Health Science School in terms of student involvement in the AHEC program.

The AHEC Program is administered by Mr. Glenn Wilson, project director, telephone 966-4161; and by Dr. Eugene Mayer, deputy project director, telephone 966-3353.

A. *The Dental Student*

Third and fourth year dental students are involved in AHEC block assignments one week per semester. Their week is spent in observing and interacting with a number of dental health care delivery systems, i.e., the health department, the community hospital, the private practitioners, nursing homes, and institutional settings, such as prisons and centers for the mentally retarded. Some clinical experience, under the supervision of a preceptor, is included in each of the AHEC block assignments. The overall objective of this student involvement is exposure to a broad spectrum of health needs and the delivery systems which

exist to meet the needs. Approximately thirty-five clinical summer externships in AHEC areas are also available to rising senior students.

All AHEC student involvement is coordinated through the Department of Dental Ecology. Dr. Claude Drake is director of these activities. Telephone: 966-1161, Extension 318.

B. The Medical Student

There are regular rotations of third year medical students at Wake Memorial Hospital, the Charlotte Memorial Hospital, the New Hanover Memorial Hospital, and the Moses Cone Hospital. Additionally, the School of Medicine has developed, through three of its clinical departments, acting internships available on an elective basis to fourth year medical students in several of the AHEC's. These clinical electives are as follows:

—Pediatrics. Electives for fourth year students include acting internships at Wake Memorial Hospital and Charlotte Memorial Hospital, and an acting internship in ambulatory pediatrics in Tarboro (Area "L" AHEC). Specialty clinics are held in several sites. These are staffed by specialists from the Department of Pediatrics who are accompanied to the clinic by students, house staff, and fellows. Sites of these clinics include a cardiology clinic in Rutherfordton, a cardiology clinic at Wake Memorial Hospital, and hematology, allergy and cardiology clinics at the New Hanover Memorial Hospital.

Dr. Donal Dunphy is director of pediatric activities in the AHEC program. Telephone: 966-3353.

—Internal Medicine. Fourth year medical students can elect an acting internship in medicine at the Charlotte Memorial Hospital, the New Hanover Memorial Hospital in Wilmington, the Wake Memorial Hospital in Raleigh, the Moses Cone Memorial Hospital in Greensboro, or the Nash General Hospital in Rocky Mount. In each of these programs the student physician works with the resident and attending staff in giving direct medical care to hospitalized patients. The similar program at the Edgecombe General Hospital is combined with the Tarboro Clinic thus including ambulatory along with in-patient care in emphasizing the use of community health resources. A newly developed elective in community medical practice allows the fourth year student to work directly with actively practicing members of the clinical faculty based in one of several AHEC communities.

Dr. David McKay and Dr. Glenn Pickard coordinate these Department of Medicine AHEC activities. Telephone 966-2276 or 966-3353.

—Obstetrics-Gynecology. The Ob-Gyn Department offers student experiences in AHEC hospitals at both the third and fourth year levels. During the third year, students may elect to spend variable portions of the Ob-Gyn clerkship at Charlotte, Raleigh, or Wilmington. Clerkships in these hospitals are closely correlated with clerkships at NCMH, both by way of identical audiovisual equipment and software and by way of close correlation between the AHEC directors and the clerkship director in Chapel Hill.

At the fourth year level, acting internship experiences are offered at the three AHEC hospitals listed above and are designed to offer the fourth year student a larger, more intense experience in obstetrics and gynecology at a higher level of responsibility.

Dr. Luther Talbert is director of the obstetrics and gynecology activities in the AHEC. Telephone: 966-4004

C. The Nursing Student

From twenty to forty candidates for a B.S. degree in nursing are involved in rotations at Wake County Hospital during the fall and spring semesters of their senior year. During this rotation, students obtain clinical experience in medical, surgical, and psychiatric nursing. Undergraduate students have additional access to AHEC areas in one of their senior courses which is designed to give them an opportunity to draw up objectives and complete a project of their own choosing.

Graduate students in nursing will have access to the AHEC areas in their small group projects and as a resource for thesis work.

The Family Nurse Practitioner (FNP) program is a one-year, non-degree program open to registered nurses in the state. It is directed by the UNC Schools of Nursing, Medicine, and Public Health. Each nurse admitted to the program must have a practice setting with a responsible physician as sponsor, and plan to return to the sponsor's practice setting upon completing training. In some instances, the trained FNP will be returning to an AHEC community. In addition to the FNP program now being offered in Chapel Hill, a new program has been initiated in Tarboro (Area "L" AHEC) and will accommodate from five to eight students.

Ms. Audrey Booth is director of nursing activities in the AHEC program. Telephone: 966-1411.

D. The Pharmacy Student

The School of Pharmacy is developing a program in which its students will have the opportunity to receive part of their training in AHEC communities. The curriculum contains practical experience coursework which places the student in the community or hospital pharmacy and/or in hospital patient care units in which he learns to apply his knowledge of drugs and their safe and effective use. Usually, the student will be working under the tutorship of a practitioner. In such a setting, the student will have an opportunity to participate in and observe the expanding role of the pharmacist as an integral part of the health delivery team. The student will contribute to the pharmacist's role by bringing his extensive knowledge of drugs to bear on clinical problems in a systematic and coordinated manner.

Mr. Claude U. Paoloni is director of the Pharmacy AHEC program. Telephone: 966-1122.

E. The Public Health Student

The School of Public Health is in the process of developing a number of student activities in AHEC areas. Students in any of the School's ten departments are eligible for participation. One of the main objectives of student involvement is to demonstrate the feasibility of a team approach to planning, organizing, and delivering health services. The public health student's attention can be directed to any number of settings, depending upon the programs, agencies, and characteristics of the community. For example, in the Area "L" AHEC, students have a wide selection of activity sites to draw from: the Migrant Workers Health Program, the Family Planning Service, Home Care Program, Rural Sanitation Program, and Health Programs related to industry and agriculture workers.

Information about student Public Health activities in the AHEC areas can be obtained from Dr. Cecil Slome, Department of Epidemiology, School of Public Health. Telephone: 966-2241.

AHEC Directors in North Carolina

as of January, 1974

■ Area L

Dr. Lawrence M. Cutchin
Edgecombe Hospital
Tarboro, N. C. 27886
919-823-4104

■ Asheville

Dr. Henry Uhl
Memorial Mission Hospital
Asheville, N. C. 28801
(704-255-4668

■ Charlotte

Dr. Bryant L. Galusha
Charlotte Memorial Hospital
P. O. Box 2554
Charlotte, N. C. 28201
704-373-2121

■ Raleigh

Dr. John Key
Wake Memorial Hospital
3000 New Bern Avenue
Raleigh, N. C. 27610
919-755-8236

■ Wilmington

Mr. Dewey Lovelace
New Hanover Memorial Hospital
2431 South 17th Street
Wilmington, N. C. 28401
919-763-9021

Students desiring additional information on specific counties within AHEC areas may obtain it from the AHEC offices, 3rd Floor, Wing C, Old Nurses Dorm, UNC Medical School.

Additional information on Student-Related AHEC Programs can be obtained from the Designated Program Directors in each of the Schools of Health Science.

4

This book circulates for a 2-week period and is due on the last date stamped below. It must be brought to the library to be renewed.

> 2¢ / late fee

~~MAY 02 1978~~

~~APR 22 1978~~

~~JUN 08 1978~~

~~JUN 11 1978~~

~~SEP 26 1978~~

~~FEB 22 1979~~



H00081637 P

W
18
A678
1974

